Form **637** (Rev. February 1990)

Department of the Treasury Internal Revenue Service

Application for Registration (For Certain Excise Tax Transactions)

For Paperwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0014 Expires 10-31-92

Send Both Copies to IRS.

print	Name of individual, corporation, partnership, association, etc.		Employer identification number			
or pr	Business name, if different from above		Telephone number			
e type	Business address (including number and street)		,			
Pieas	City, state, and ZIP code					
<u>-</u>	Will you be required to file Form 720, Quarterly Federal Excise Tax Return? ☐ Yes ☐ No	b Have you previously applied or had a Certificate of Regis	d for a Certificate of Registry stry revoked?	□ No		
App	olication is hereby made for a Certificate of Registry in the na	ame(s) indicated above.				
1						
2	Enter the products you sell and/or buy					
3	Enter a letter for each category for which you are applying. (See Registration Categories on page 1 of the separate instructions.)					
	firm that this certificate will be used as specified in applicab tificate will lead to its revocation and/or the penalties provid		ions, and I understand that misuse of this			
Und	er penalties of perjury, I declare that I have examined this application, and, to	o the best of my knowledge and belief, it	is true, correct, and complete.			
Signature ▶		Title ▶	Date ►			
(Ple	ase type or print name below your signature.)					
District Director's Validation.—A Certificate of Registry for the above applications				No.		
	District Director of Internal Revenue	Date				

Form **637**

(Rev. February 1990)

Department of the Treasury Internal Revenue Service

Application for Registration (For Certain Excise Tax Transactions)

For Paperwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0014 Expires 10-31-92

Send Both Copies to IRS.

٠.	Name of individual, corporation, partnership, association, etc.	Employer identification number					
or print							
ğ	Business name, if different from above	Telephone number					
type		()					
ise tyl	Business address (including number and street)						
Please	City, state, and ZIP code						
	Will you be required to file Form 720, Quarterly Federal Excise Tax Return? Yes No had a Certificate of Reg	d for a Certificate of Registry istry revoked? Yes No					
Application is hereby made for a Certificate of Registry in the name(s) indicated above.							
1	Enter your business activity, such as manufacturing, importing, wholesaling, etc.						
	Enter the products you sell and/or buy						
3	Enter a letter for each category for which you are applying. (See Registration Categories on page 1 of the separate instructions.)						
I affirm that this certificate will be used as specified in applicable provisions of law and regulations, and I understand that misuse of this							
certificate will lead to its revocation and/or the penalties provided by law.							
Under penalties of perjury, I declare that I have examined this application, and, to the best of my knowledge and belief; it is true, correct, and complete.							
Sign	ature ▶ Title ▶	Date ►					
(Please type or print name below your signature.)							
Dist	rict Director's Validation.—A Certificate of Registry for the above applicant is approved and issued under the	number shown. Registration No.					
 .	By Date						
District Director of Internal Revenue							